County: Rock MERCY MANOR

119 SOUTH PARKER DRIVE

JANESVILLE 53545 Phone: (608) 756-037	4	Ownershi p:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation	: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	75	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	75	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	50	Average Daily Census:	66
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Services Provided to Non-Residents	Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01) %				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	40. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	46. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	2. 0	Under 65	16. 0	More Than 4 Years	14. 0
Day Services	No	Mental Illness (Org./Psy)	40.0	65 - 74	8. 0		
Respite Care	No	Mental Illness (Other)	4. 0	75 - 84	34.0	•	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	38. 0	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	4. 0	Full-Time Equivalent	t
Congregate Meals	No	Cancer	4. 0	İ	[Nursing Staff per 100 Res	si dents
Home Delivered Meals	No	Fractures	6. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	26. 0	65 & 0ver	84. 0		
Transportati on	No	Cerebrovascul ar	10. 0	'		RNs	29. 3
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	9. 7
Other Services	No	Respi ratory	4. 0		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	4. 0	Male	38. 0	Aides, & Orderlies	44. 9
Mentally Ill	No			Femal e	62. 0		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	Yes				100. 0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther]	Pri vate Pay	:		amily Care		1	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	1	3. 2	110	0	0.0	0	0	0. 0	0	0	0. 0	0	1	16. 7	286	2	4. 0
Skilled Care	6	100.0	220	29	93. 5	94	0	0.0	0	7	100.0	180	0	0.0	0	5	83. 3	220	47	94. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				1	3. 2	139	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2. 0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	6	100.0		31	100.0		0	0.0		7	100.0		0	0.0		6	100.0		50	100. 0

County: Rock MERCY MANOR

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Admissions, Discharges, and Deaths During Reporting Period	1	Percent Distribution	of Residents'	Condi ti on	s, Services	, and Activities as of 12/	/31/01
8 11 8		ľ		% No	eedi ng		Total
Percent Admissions from:		Activities of	%		ance of	% Totally	Number of
Private Home/No Home Health	5. 9	Daily Living (ADL)	Independent	One Or	Two Staff		Resi dents
Private Home/With Home Health	0.0	Bathi ng	4.0	9	96. 0	0.0	50
Other Nursing Homes	0. 7	Dressi ng	20. 0	•	74. 0	6. 0	50
Acute Care Hospitals	93. 4	Transferring	44. 0		1 0. 0	16. 0	50
Psych. HospMR/DD Facilities	0.0	Toilet Use	32. 0		52. 0	16. 0	50
Rehabilitation Hospitals	0.0	Eating	64. 0	:	22. 0	14. 0	50
Other Locations	0.0	*************	******	******	******	*********	******
Total Number of Admissions	152	Continence		% S _I	ecial Trea		%
Percent Discharges To:		Indwelling Or Externa	al Catheter	0. 0	Recei vi ng	Respi ratory Care	4. 0
Private Home/No Home Health	28. 4	0cc/Freq. Incontinent	t of Bladder	68 . 0	Recei vi ng	Tracheostomy Care	2. 0
Private Home/With Home Health	15. 4	Occ/Freq. Incontinent	t of Bowel	68 . 0		Sucti oni ng	0. 0
Other Nursing Homes	11.8				Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	14.8	Mobility				Tube Feedi ng	2. 0
Psych. HospMR/DD Facilities	0. 0	Physically Restrained	d	4. 0	Recei vi ng	Mechanically Altered Diets	44. 0
Rehabilitation Hospitals	0. 6						
Other Locations	6. 5	Skin Care		0		nt Characteristics	
Deaths	22. 5	With Pressure Sores		4. 0		ce Directives	74. 0
Total Number of Discharges		With Rashes		2.0 M	edi cati ons		
(Including Deaths)	169				Recei vi ng	Psychoactive Drugs	16. 0

	Thi s	Other Hos	spi tal -		Al l
	Facility	Based Faci	lities	Fac	ilties
	%	% 1	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	75. 1	88. 1	0. 85	84. 6	0.89
Current Residents from In-County	90. 0	83. 9	1. 07	77. 0	1. 17
Admissions from In-County, Still Residing	13. 2	14. 8	0. 89	20. 8	0. 63
Admissions/Average Daily Census	230. 3	202. 6	1. 14	128. 9	1. 79
Discharges/Average Daily Census	256. 1	203. 2	1. 26	130. 0	1. 97
Discharges To Private Residence/Average Daily Census	112. 1	106. 2	1.06	52. 8	2. 13
Residents Receiving Skilled Care	98. 0	92. 9	1. 05	85. 3	1. 15
Residents Aged 65 and Older	84. 0	91. 2	0. 92	87. 5	0. 96
Title 19 (Medicaid) Funded Residents	62. 0	66. 3	0. 94	68. 7	0. 90
Private Pay Funded Residents	14. 0	22. 9	0. 61	22. 0	0. 64
Developmentally Disabled Residents	2. 0	1. 6	1. 28	7. 6	0. 26
Mentally III Residents	44. 0	31. 3	1.41	33. 8	1. 30
General Medical Service Residents	4. 0	20. 4	0. 20	19. 4	0. 21
Impaired ADL (Mean)*	39. 2	49. 9	0. 79	49. 3	0.80
Psychological Problems	16. 0	53. 6	0. 30	51. 9	0. 31
Nursing Care Required (Mean)*	7. 3	7. 9	0. 91	7. 3	0. 99